



DEPARTMENT OF JUSTICE  
NEW CASTLE COUNTY  
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WILMINGTON, DELAWARE 19801

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JOSEPH R. BIDEN, III  
ATTORNEY GENERAL

November 15, 2007

James St. Louis  
SBI # 446518  
Delaware Correctional Center  
1181 Paddock Road  
Smyrna, DE 19977

Re: **St. Louis v. Morris, et al.**  
**C.A. No. 06-236-SLR**


Dear Mr. St. Louis:

I am writing in reference to your Motion to Compel directed to Defendant Morris. [D.I. 78]. You seek production of your "fact-finding report" and your employment records.

As stated in Defendants' responses to your discovery requests, your institutional file materials are protected from discovery by 11 *Del. C.* § 4322. Without waiving this objection, your employment records concerning your employment in the DCC kitchen are enclosed.

As to your other request, I do not know what you are referencing in regards to a "fact-finding report" and am not aware of any such document.

Very truly yours,

  
Eileen Kelly  
Deputy Attorney General

Enclosures

cc: Clerk of the Court (w/enclosures)

# **EXHIBIT A**

DEPARTMENT OF CORRECTION

FOOD SERVICE

REQUEST FOR INMATE ASSIGNMENT, REASSIGNMENT, OR TERMINATION

INMATE NAME James ST. Louis SBI# \_\_\_\_\_ SSN # \_\_\_\_\_

WORK AREA: Main Kitchen HOUSING UNIT: E

TYPE OF ACTION: (CHECK ONE)

☐ NEW ASSIGNMENT

EFFECTIVE DATE: \_\_\_\_\_

☒ REASSIGNMENT

EFFECTIVE DATE: 4/12/04

☐ TERMINATION

EFFECTIVE DATE: \_\_\_\_\_

REASON: position open

POSITION: 2nd COOK

SHIFT: 0900-1700 DAYS OFF: Wed/Thur

FSS S. Morris  
FOOD SERVICE SPECIALIST SIGNATURE

4/7/04  
DATE



# FOOD SERVICE WORKER CLEARANCE EXAM

Inmate Name: St. Louis JamesInmate Number: 446518

Does the inmate currently have:

- |                             |   |  |
|-----------------------------|---|--|
| 1. Open lesions?            | Yes <input type="radio"/> No <input checked="" type="radio"/> | Location of lesions _____                                |
| 2. Cold Symptoms?           | Yes <input type="radio"/> No <input checked="" type="radio"/> | Describe symptoms _____                                  |
| 3. Skin rash?               | Yes <input checked="" type="radio"/> No <input type="radio"/> | Location and describe <u>Psoriasis &amp; current fl.</u> |
| 4. Scabies?                 | Yes <input type="radio"/> No <input checked="" type="radio"/> | <u>on both legs.</u>                                     |
| 5. Head, body or crab lice? | Yes <input type="radio"/> No <input checked="" type="radio"/> |  |
| 6. Diarrhea?                | Yes <input type="radio"/> No <input checked="" type="radio"/> |  |
| 7. History of Hepatitis A?  | Yes <input type="radio"/> No <input checked="" type="radio"/> |  |

If yes, refer to RN Supervisor.

Is the inmate's grooming acceptable in these areas:

- |                                       |   |
|---------------------------------------|---|
| 1. Is clothing clean and neat?        | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| 2. Is hair clean and groomed?         | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| 3. Are fingernails clean and clipped? | Yes <input checked="" type="radio"/> No <input type="radio"/> |
| 4. Is personal hygiene evident?       | Yes <input checked="" type="radio"/> No <input type="radio"/> |

I agree that if I develop symptoms of a cold, flu or diarrhea, have an open sore or cut, rash on my hands or body, catch \_\_\_\_\_ or head, body or crab lice, I will notify my supervisor and medical clinic immediately.

James St. Louis J.  
Inmate's signature

Date: \_\_\_\_\_

PPD/CXR (circle)

Date: 2-10-04Results Ø

Is PPD/CXR current?

Yes ☒No ☐

If PPD/CXR are not current request as an automatic denial.

Laboratory Test (if indicated)

Date: \_\_\_\_\_ Type of lab test performed \_\_\_\_\_

If lab test required, get verbal order from provider for test and schedule test to be done.

This inmate is medically Acceptable/Unacceptable (circle) for work as a food service worker.

D. Schools LPN/CN  
Medical Staff Signature

6-30-04  
Date of Exam

# LETTER OF APPRECIATION

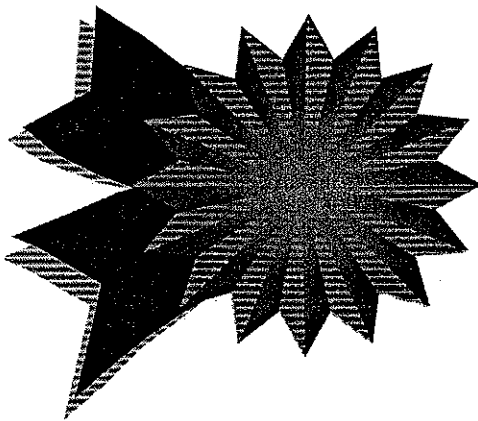
is hereby granted to:

St Louis, James SBI # 446518

*for outstanding performance and lasting contribution on*

*The extra effort and team work that  
you have shown for the completion of  
the Thanksgiving Holiday Meal*

*Granted: November 28, 2003*



*Nancy Legates*  
Field Service Supervisor  
Harry M. Legates / Robbie White

Bureau of Management Services  
Inmate Work Programs Performance Evaluation Record

Name: ST. LOUIS JAMES SBI No. 446518  
Last First

Date Hired: 8-17-01 Work Assignment: Line SERVER

Rating Scale: 1= Much Worse than Average 2= Worse than Average 3= Average

4= Better than Average 5= Much Better than Average

Evaluation Date: 10-10-03 Evaluator Name: FBI J. WILLIAMS  
5 Conduct / Attitude Comments:  
4 Attendance  
5 Demonstrated Proficiency:  
4 Safety Awareness  
5 Advancement Potential  
Inmate Initials \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_  
\_\_\_\_\_ Conduct / Attitude Comments:  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Demonstrated Proficiency:  
\_\_\_\_\_ Safety Awareness  
\_\_\_\_\_ Advancement Potential  
Inmate Initials \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_  
\_\_\_\_\_ Conduct / Attitude Comments:  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Demonstrated Proficiency:  
\_\_\_\_\_ Safety Awareness  
\_\_\_\_\_ Advancement Potential  
Inmate Initials \_\_\_\_\_

000115

## DELAWARE/PRISON HEALTH SERVICES, INC.

## INMATE EDUCATION/FOOD SERVICE KITCHEN DETAIL

NAME:

James St Louis

DOC #:

T1461789

INSTITUTION:

SEA

Date:

10-12-00

Chart Review Done

Yes ☒ No ☐Hygienic Instructions Given ☒

Nails Examined

(Clipped, Short and Clean) ☒

Check for Open Sores

Or Rashes

Weight 185 lbs

Last PPD

Date

9-23-00

Result

PPD Given

Date

Result

X-Ray

Date

Result

Approved for Food Service YESDate 10-12-00

Disapproved for Food Service

Date

I have received education on handwashing and personal hygiene and I understand the need for both. Especially when handling food on kitchen detail.

Inmate Signature:

James St Louis

Date:

10-12-00

Nurses Signature:

Francis M. Montalvo

Date:

10-12-00

Date:

4-10-02DCC

Chart Review Done

Yes ☒ No ☐Hygienic Instructions Given ☒

Nails Examined

(Clipped, Short and Clean) ☒

Check for Open Sores

Or Rashes

Weight 165

Last PPD

Date

4/10/02 plants

Result

0 mm

PPD Given

Date

Result

X-Ray

Date

Result

Approved for Food Service ☒Date 4/10/02

Disapproved for Food Service

Date

I have received education on handwashing and personal hygiene and I understand the need for both. Especially when handling food on kitchen detail.

Inmate Signature:

James St Louis

Date:

4/10/02 M. Boeily PA-C

Nurses Signature:

M. Boeily PA-C

Date:

Date:

Chart Review Done

Yes ☐ No ☐

Hygienic Instructions Given

Nails Examined

(Clipped, Short and Clean)

Check for Open Sores

Or Rashes

Weight

Last PPD

Date

Result

PPD Given

Date

Result

X-Ray

Date

Result

Approved for Food Service

Date

Disapproved for Food Service

Date

I have received education on handwashing and personal hygiene and I understand the need for both when handling food on kitchen detail.

Inmate Signature:

Date:

Nurses Signature:

Date:

DELAWARE/PRISON HEALTH SERVICES, INC.  
INMATE EDUCATION/FOOD SERVICE KITCHEN DETAIL

NAME:

James St Louis

DOC #:

T1461789

INSTITUTION:

SA-1Date: 10-12-00

Chart Review Done

Yes ☒ No ☐Hygienic Instructions Given ☒Nails Examined  
(Clipped, Short and Clean) ☒

Check for Open Sores

Or Rashes ☒Weight 185 lbsLast PPD Date 9-23-00Result +PPD Given Date           Result           X-Ray Date           Result           Approved for Food Service YesDate 10-12-00Disapproved for Food Service           Date           

I have received education on  
handwashing and personal hygiene and I  
understand the need for both. Especially  
when handling food on kitchen detail.

Inmate Signature:

James St. Louis Jr.

Date:

10-12-00

Nurses Signature:

Francis M. Northrup

Date:

10-12-00Date: 4-10-02

DCC

Chart Review Done

Yes ☒ No ☐Hygienic Instructions Given ☒Nails Examined  
(Clipped, Short and Clean) ☒

Check for Open Sores

Or Rashes ☒Weight 165Last PPD Date 4/10/02Result 0 mmPPD Given Date           Result           X-Ray Date           Result           Approved for Food Service ☒Date 4/10/02Disapproved for Food Service           Date           

I have received education on  
handwashing and personal hygiene and I  
understand the need for both. Especially  
when handling food on kitchen detail.

Inmate Signature:

James St. Louis Jr.

Date:

4/10/02

Nurses Signature:

M. Bailey PA-C

Date:

Date:           

Chart Review Done

Yes ☐ No ☐Hygienic Instructions Given           Nails Examined  
(Clipped, Short and Clean)           

Check for Open Sores

Or Rashes           Weight           Last PPD Date           Result           PPD Given Date           Result           X-Ray Date           Result           Approved for Food Service           Date           Disapproved for Food Service           Date           

I have received education on  
handwashing and personal hygiene and I  
understand the need for both  
when handling food on kitchen detail.

Inmate Signature:

Date:

Nurses Signature:

Date:



*James St. Louis*  
10/21/02

**DEPARTMENT OF CORRECTION**  
**FOOD SERVICE "SAFETY AND SANITATION" EXAM**

Directions: Circle the correct answer. There is only one correct answer for each question.

Introduction to Food Safety

1. Why is Food Safety important?

- A. To stop injury at the work place.
- B. To keep kitchen clean.
- ☒ C. Health and Sanitation of the institution and public.

2. What causes food borne illness?

- A. Clean hands.
- B. Proper sanitation.
- C. Taking showers.
- ☒ D. Bacteria and viruses cause food borne illness.

3. What causes bacteria to grow?

- A. Food stored properly.
- B. Foods cooked to temperature.
- ☒ C. Foods that are kept in the danger zone (40° -140°) for prolonged periods of time.
- D. Over eating.

4. The food flow is: Receiving, Storage, Preparation, Cooking, Serving, Cooling and Re-heating.

- ☒ A. True
- B. False

5. Can an infected employee with poor hygiene contaminate food?

- A. False
- ☒ B. True

Personal Hygiene

1. Who can control personal hygiene?
  - ☒ A. Everyone can control personal hygiene.
  - B. To prevent a food borne illness outbreak.
  - C. To be a popular person.
2. You should shower and/or bath everyday.
  - ☒ A. True
  - B. False
3. What is considered proper attire?
  - A. Wearing dirty clothes.
  - ☒ B. Wearing clean clothes and proper hair restraints.
  - C. Hair restraints are not required.
- ☒ 4. Which of the following is the proper hand-washing technique?
  - A. Washing hands after using the restroom.
  - B. Washing hands in cold water.
  - C. Washing hands for at least 20 seconds.
  - D. Prep sinks are acceptable for hand-washing.
  - ☒ E. Both A and C
5. Hand-washing is not necessary when returning to work from personal activities such as eating, drinking, smoking, or grooming.
  - A. True
  - ☒ B. False

Proper Cleaning and Sanitation

1. Cleaning is...
  - A. Using cold dirty water.
  - ☒ B. Using sanitizing solution such as bleach.
  - C. The removal of dirt and debris you can see on the surface.
2. Sanitizing is..
  - A. Using a detergent as a sanitizing agent.
  - ☒ B. Using a chemical agent (bleach) after area is washed and rinsed.
  - C. Degreaser is a chemical sanitizing agent.
3. Which process is correct?
  - ☒ A. Wash, rinse and sanitize.
  - B. Sanitizing then Cleaning.
  - C. None of the above.
4. The final rinse on the dishwasher has to be a minimum of 180°.
  - ☒ A. True
  - B. False
5. How often should the trash containers be cleaned?
  - A. Once a day.
  - ☒ B. As often as possible.
  - C. Never.

## Receiving and Storage

1. Why is the thermometer used in Food Service?
  - A. To look professional.
  - B. To see if an employee is sick.
  - ☒ C. To ensure foods are cooked and cooled to the proper temperature and to monitor the time food is in the temperature danger zone (40°- 140°).
2. The correct temperature for raw meats, poultry, and milk should be?
  - A. 50° and above
  - B. 40° - 140°
  - ☒ C. 40° and below
3. Can goods should be checked for dents, rust, swelling, or leakage at time of delivery.
  - ☒ A. True
  - B. False
4. What is FIFO?
  - A. Latin word meaning "hello"
  - B. First Initial Food Orientation
  - ☒ C. First In First Out
  - D. Foreign ingredients for oatmeal
5. Chemicals, detergents, and sanitizing agents should be:
  - ☒ A. Kept in original labeled containers and stored separate from food.
  - B. Stored with food products.
  - C. Divided into smaller unmarked containers.

Preparation, Cooking, and Serving

1. Contamination is the presence of something harmful in the food.  
☒ A. True  
B. False
- ~~2.~~ What is an example of cross contamination?  
☒ A. A piece of chicken is cut then a head of lettuce is cut without cleaning the knife and cutting board.  
B. Beef stew is spilled into tossed salad.  
C. A box of cherries is placed on the shelf and leaks into the garlic bread.  
D. All of the above
3. What is the danger temperature zone for food?  
A. 45° - 148°  
B. 40° - 165°  
☒ C. 40° - 140°
4. What is the proper technique for defrosting frozen foods?  
A. Under hot water.  
B. As part of the cooking process.  
C. In the refrigerator.  
D. Under cold running water.  
☒ E. B, C and D.
5. What is the minimum cooking temperature for poultry?  
A. 140° for 15 seconds.  
☒ B. 165° for 15 seconds.  
C. 152° for 15 seconds.
6. The internal temperature of food should be taken on its thickest part.  
☒ A. True  
B. False
7. What is the proper way to remove ice from the ice machine?  
A. A bowl.  
B. A Styrofoam cup.  
☒ C. A scoop, which is designated for the ice machine.

~~8.~~ What is the minimal holding temperature for hot food?

A. 140°.

☒ B. 165°.

C. 40°.

9. Cooked food should be cooled to 40° or below within a four hour period and be labeled immediately.

☒ A. True

B. False

~~10.~~ Cooked foods should be reheated to 140°.

☒ A. True

B. False

11. It is acceptable to mix old food with new food to be served.

A. True

☒ B. False

12. Do not re-heat leftovers more than once.

☒ A. True

B. False

13. Holding equipment is not to be used for re-heating food.

☒ A. True

B. False

Bureau of Management Services  
Inmate Work Programs Performance Evaluation Record

Name: ST. Louis, James SBI No. 446518  
Last First

Date Hired: 7/01 Work Assignment: Food Server

Rating Scale: 1= Much Worse than Average 2= Worse than Average 3= Average

4= Better than Average 5= Much Better than Average

Evaluation Date: 5/1/03 Evaluator Name: FSS II Riordan  
4 Conduct / Attitude Comments: Has a positive work  
5 Attendance attitude and does not  
4 Demonstrated Proficiency: hesitate to offer assistance  
4 Safety Awareness whenever needed.  
4 Advancement Potential  
Inmate Initials J.S.

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_  
\_\_\_\_\_ Conduct / Attitude Comments:  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Demonstrated Proficiency:  
\_\_\_\_\_ Safety Awareness  
\_\_\_\_\_ Advancement Potential  
Inmate Initials \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_  
\_\_\_\_\_ Conduct / Attitude Comments:  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Demonstrated Proficiency:  
\_\_\_\_\_ Safety Awareness  
\_\_\_\_\_ Advancement Potential  
Inmate Initials \_\_\_\_\_

000124

DEPARTMENT OF CORRECTION

FOOD SERVICE

REQUEST FOR INMATE ASSIGNMENT, REASSIGNMENT, OR TERMINATION

INMATE: ST. LOUIS, JAMES SBI #: 446518 SSN #: 054-42-9668

WORK AREA: M/K BLGD. #14 HOUSING UNIT: E

TYPE OF ACTION (CHECK ONE)

☒ NEW ASSIGNMENT EFFECTIVE DATE 08/17/01  
☐ REASSIGNMENT EFFECTIVE DATE \_\_\_\_\_  
☐ TERMINATION EFFECTIVE DATE \_\_\_\_\_

REASON Replacement needed.

POSITION KITCHEN WORKER

SHIFT: 1030-2000 DAYS OFF: ~~CHU/THU~~ FRI/SAT

LT Jimmy  
C.O./COOK SIGNATURE

DATE: 8/17/01



DEPARTMENT OF CORRECTION

FOOD SERVICE

REQUEST FOR INMATE ASSIGNMENT, REASSIGNMENT, OR TERMINATION

INMATE: St. Louis, James SBI #: \_\_\_\_\_ SSN #: \_\_\_\_\_

WORK AREA: M/k Bkg HOUSING UNIT: E

TYPE OF ACTION (CHECK ONE)

\_\_\_\_ NEW ASSIGNMENT EFFECTIVE DATE \_\_\_\_\_

V REASSIGNMENT EFFECTIVE DATE 08/21/01

\_\_\_\_ TERMINATION EFFECTIVE DATE \_\_\_\_\_

REASON Replacement needed

POSITION DSA Room 11

SHIFT: 1030-2000 DAYS OFF: FRI-SAT

\_\_\_\_ C.O./COOK SIGNATURE

DATE: \_\_\_\_\_



DEPARTMENT OF CORRECTION

FOOD SERVICE

REQUEST FOR INMATE ASSIGNMENT, REASSIGNMENT, OR TERMINATION

INMATE: ST. Louis James. SBI #: 444518. SSN #:     -    -    

WORK AREA: M/K Bkg #14 HOUSING UNIT: E

TYPE OF ACTION (CHECK ONE)

X NEW ASSIGNMENT EFFECTIVE DATE 8/17/01

     REASSIGNMENT EFFECTIVE DATE     

     TERMINATION EFFECTIVE DATE     

REASON       
      
    

POSITION Relief worker

SHIFT: Relief 10<sup>30</sup>-2000 DAYS OFF: Fri - Sat

W. J. Perry  
C.O./COOK SIGNATURE

DATE: 8/18/01

FOOD SERVICE OPERATIONAL PROCEDURES  
DEPARTMENT OF CORRECTIONS  
BUREAU OF ADMINISTRATIVE  
OPERATIONS AND SERVICES  
DELAWARE CORRECTIONAL CENTER  
SMYRNA, DE

**TITLE:** Inmate Rules and Regulations for offenders classified and hired in the Food Service Department.

**PURPOSE:** To establish policy and procedures assuring offenders and correctional staff a safe, sanitary and productive environment.

**I UNIFORM/DRESS CODE**

- a) Inmates will report to work in white food service uniforms. Inmates will travel with shirts tucked inside trousers. If jackets are worn they will be buttoned up. DOC must appear on outer shirts and jackets. No one will be allowed to enter the Food Service area if not in the proper uniform. Inspections of uniforms will be conducted on a daily basis to assure compliance.
- b) Inmates may work in their undershirts providing the garment is in good condition. Any garments not being worn must be hung on coat racks provided in the corridor (zone2). No garments will be hung in the Food Service area at any time.

**II PERSONAL HYGIENE /SANITATION**

- a) Inmates will be showered and reasonably groomed prior to reporting to work. Facial hairs will be neat and trimmed to a reasonable length. (1/4 inch)
- b) Lengthy hair exceeding the top of the ear will be styled in a manner so that it may be restrained with a hat or hair net.
- c) Inmates will thoroughly wash hands and forearms with warm soapy water for 20 seconds prior to starting work and after the following:
  - Handling raw food.
  - Touching their hair, face, or body.
  - Sneezing, or coughing.
  - Eating and drinking.
  - Cleaning.
  - Taking out garbage.
  - Touching anything that may contaminate their hands.
- d) Nails will be clean and kept short.
- e) Inmates will wear gloves whenever hands come in contact with foods.
- f) Gloves will be changed often and frequently to avoid contamination and spreading bacteria.
- g) Inmates will keep kitchen in a high state of police at all times. CLEAN AS YOU GO will be practiced all day, everyday. No exceptions.
- h) Kitchen will be inspection ready at all times. No exceptions.

**III BREAKS**

- a) All breaks will be conducted in the break area; which is in Zone 1.
- b) All eating and drinking will be conducted in Zone 1.
- c) Inmates are permitted two (15) minute leisure breaks and one (30) minute meal break per shift.
- d) Inmates not on break are to be in their assigned working area at all times.

IV OFF LIMITS

- a) Inmates will remain in their designated area of assignment at all times.
- b) If you need to leave your area for any reason report to the C/O Cook in your area. Leaving an area without permission is considered off limits.
- c) Inmates will not enter another zone without permission.
- d) Inmates not assigned to Food prep areas are not permitted to enter these areas unless given permission.
- e) C/O cooks and Managers office are off limits to all inmates. No exceptions.

V ASSIGNMENTS

- a) Inmate staff is required to perform all assignments in a safe and expedient manner.
- b) All assignments are regarded as a direct order and are subject to review by C/O staff only. Under no circumstances will inmate staff be permitted to challenge, or question the authority, or the integrity of correctional staff.

VI CHAIN OF COMMAND

- a) Inmates will present all matters of concern to C/O Cook staff for disposition. Inmate staff will not approach Food Service Manager, or Food Service Director until C/O staff has reviewed situation and deemed it necessary for inmate to do so.
- b) Chain of Command is as follows.  
C/O Cook  
C/O Cook Manager  
Food Service Director I
- c) Violation of the chain of command will result in disciplinary actions.

VII CONDUCT

- a) Inmate staff must be courteous when dealing with any persons in Food Service.
- b) Inmates are to be cooperative with one another as well as, with C/O staff.
- c) Language of a profane, obscene, or offensive nature is strictly prohibited.
- d) Severe boisterousness (loudness), or any other behavior that adversely affects production or morale is strictly prohibited.
- e) Horseplaying, fighting, or any unsafe act is strictly prohibited and will be strictly monitored.
- f) Insubordination, defiance of authority, or refusal to follow orders is prohibited.
- g) Absolutely no running through the kitchen.

VIII HEAD COUNT/ BRIEFINGS

- a) All inmates will be present for all head counts and all briefings. No exceptions.
- b) Inmates will cease all activities and report to briefing area (zone 1). Inmates will remain quiet and orderly until briefing, or count; is dismissed by correctional staff.
- c) Formations will be conducted in the following manner:  
Covered Down. (Standing directly behind the man in front of you.)  
Dress Right Dress (Standing directly beside the man to your right and even with him. Look out of the corner of your right eye and align yourself with the man to the right of you.)  
Formations will be (3) files, (3) rows.  
All hands will be placed at your sides.  
All eyes and heads will be facing forward.  
There will be absolute silence. No one is permitted to talk while Correctional staff is briefing formations. Any violations will result in disciplinary actions.

IX JOB DESCRIPTIONS

- a) Inmates will perform all duties in accordance with job descriptions. Correctional staff will interpret descriptions as needed.

X PROMOTIONS

- a) Promotions are based on conduct, performance, availability, teamwork, skills, experience, and seniority.
- b) All new assignments and promotions are under a 30 day probationary period. If performance and or conduct is unsatisfactory at the completion of this period the inmate will be returned to previous position.

XI CONTRABAND

- a) Inmates are not permitted to take any items from the Food Service area at any time.
- b) Any one caught taking any item/s food or otherwise out of the kitchen will be terminated immediately. No exceptions.
- c) Inmates are not permitted to bring non-food service related materials to the kitchen. i.e. magazines, books...
- d) Inmates are subject to patdown/shakedowns upon entering and departing kitchen.
- e) Inmates being searched will face wall with arms extended; hands placed on wall with feet spread apart. All head gear will be removed. If wearing jackets, or apron these items will be removed and searched. Any items being carried in pockets will be removed and searched. . Anyone refusing to follow patdown procedures will face immediate disciplinary actions.

XII SCHEDULING

- a) Inmates will be notified of their schedule by the daily wake-up roster.
- b) Inmates are responsible for reporting to work on time. No exceptions.
- c) Inmates must have a valid reason for not reporting to work on time. i.e. visits, religious services, doctors notice, groups and special functions inmate may be classified for.
- d) Inmates are responsible for reporting to kitchen staff why they cannot report to work.
- e) All absentees will be verified. No exceptions.

XIII RESIGNATIONS

- a) Inmates wishing to resign from their position in Food Service must submit a letter of to the Food Service Manager and the inmates Counselor. No exceptions.

I have read and understand the rules and regulations explained to me in this SOP. I understand that any non-compliance to these rules will result in immediate disciplinary action. I will comply with all policies afore mentioned in this SOP.

Inmate Signature: \_\_\_\_\_

*James L. Louis*

TO: All W Kitchen Inmate Employees  
FROM: C/O Cook Managers & C/O Cooks  
DATE: March 7, 1996  
RE: PROCEDURE FOR ACCESSING SICK EXEMPTION

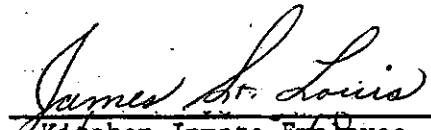
When an employee becomes ill and must take an unscheduled day off, the following shall be the procedure and policy of the Minimum Security Kitchen:

1. The inmate will report to work on his normal shift.
2. The First Cook, Second Cook or C/O Cook will verify that he is too sick to work.
3. Upon verification of illness, the C/O Cook will issue a twenty-four hour exemption by logging the inmate's illness and day off in the log book.
4. Missing three consecutive days from work will require a return-to-work slip from the medical staff.
5. A return-to-work slip will be required to return to work for five (5) sick days taken beyond 72 hours.
6. Not having a return-to-work slip will result in suspension from the job pending review.
7. Missing five days in a month due to illness will result in a poor work and attendance evaluation, step down or removal from a position to relief worker position or being removed from the kitchen work staff completely.
8. This procedure does not apply to on-the-job injuries causing or requiring medical hold.

Please indicate by signing that you understand and adhere to the above policy and procedures of the W Kitchen.

Thank you.

\_\_\_\_\_  
C/O Cook

  
\_\_\_\_\_  
Kitchen Inmate Employee

\_\_\_\_\_  
Date

cc: Captain Dave Holman  
Lt. Kevin Eames  
Lt. Hollis  
Manager D. Young

TJL/

000732

DEPARTMENT OF CORRECTION

FOOD SERVICE

REQUEST FOR INMATE ASSIGNMENT, REASSIGNMENT, OR TERMINATION

INMATE: St. Louis, James SBI #: \_\_\_\_\_ SSN #: \_\_\_\_\_

WORK AREA: M/K BKs #4 HOUSING UNIT: \_\_\_\_\_

TYPE OF ACTION (CHECK ONE)

X NEW ASSIGNMENT EFFECTIVE DATE 02/26/02

\_\_\_\_\_ REASSIGNMENT EFFECTIVE DATE \_\_\_\_\_

\_\_\_\_\_ TERMINATION EFFECTIVE DATE \_\_\_\_\_

REASON Replacement Needed in  
SANITATION Filling Cornell Rivera  
Position

POSITION SANITATION

SHIFT: Bela DAYS OFF: WED - Thurs.

FSS TL White  
C.O./COOK SIGNATURE

DATE: 2/26/02



DEPARTMENT OF CORRECTION

FOOD SERVICE

REQUEST FOR INMATE ASSIGNMENT, REASSIGNMENT, OR TERMINATION

INMATE: ST LOUIS JAMES SBI #: \_\_\_\_\_ SSN #: \_\_\_\_\_

WORK AREA: Main Kitchen HOUSING UNIT: E

TYPE OF ACTION (CHECK ONE)

\_\_\_\_ NEW ASSIGNMENT EFFECTIVE DATE \_\_\_\_\_

☒ REASSIGNMENT EFFECTIVE DATE 1/13/03

\_\_\_\_ TERMINATION EFFECTIVE DATE \_\_\_\_\_

REASON POSITION OPEN

POSITION Dishmachw

SHIFT: 0900 - 1300  
1500 - 1900 DAYS OFF: THUR/FRI

ESSTI S. MORRIS  
C.O./COOK SIGNATURE

DATE: 1/8/03

Bureau of Management Services  
Inmate Work Programs Performance Evaluation Record

Name: ST Louis James SBI No. 00446518  
Last First

Date Hired: \_\_\_\_\_ Work Assignment: 2ND COOK

Rating Scale: 1= Much Worse than Average 2= Worse than Average 3= Average  
4= Better than Average 5= Much Better than Average

Evaluation Date: 16 APR 04 Evaluator Name: SSGT BERTHA  
5 Conduct / Attitude Comments: ABOVE SAID INDIVIDUAL HAS BEEN  
5 Attendance A Plus in the COOKS STATION  
5 Demonstrated Proficiency:  
5 Safety Awareness  
5 Advancement Potential  
Inmate Initials JL

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_  
\_\_\_\_\_ Conduct / Attitude Comments:  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Demonstrated Proficiency:  
\_\_\_\_\_ Safety Awareness  
\_\_\_\_\_ Advancement Potential  
Inmate Initials \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_  
\_\_\_\_\_ Conduct / Attitude Comments:  
\_\_\_\_\_ Attendance  
\_\_\_\_\_ Demonstrated Proficiency:  
\_\_\_\_\_ Safety Awareness  
\_\_\_\_\_ Advancement Potential  
Inmate Initials \_\_\_\_\_

000135

**Bureau of Management Services**  
**Inmate Work Programs Performance Evaluation Record**

Name: ST. Louis James SBI No. 00446518

Date Hired: 2001 August Work Assignment: 2ND COOK

Rating Scale: 1= Much worse than Average 2= Worse then average 3= Average  
 4= Better then Average 5= Much better than Average

Evaluation Date: 12-31-04 Evaluator Name: FSSH BURTON

4 Conduct/ Attitude  
5 Attendance  
4 Demonstrated Proficiency:  
4 Safety Awareness  
4 Advancement Potential

Comments: JAMES ST LOUIS DOES A GOOD JOB IN the COOKS AREA AND HAS DEMONSTRATED that he CAN HANDLE the SECOND COOK POSITION

Inmate Initials J. L.

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_

\_\_\_\_ Conduct/ Attitude  
 \_\_\_\_\_ Attendance  
 \_\_\_\_\_ Demonstrated Proficiency:  
 \_\_\_\_\_ Safety Awareness  
 \_\_\_\_\_ Advancement Potential

Comments:

Inmate Initials \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Evaluator Name: \_\_\_\_\_

\_\_\_\_ Conduct/ Attitude  
 \_\_\_\_\_ Attendance  
 \_\_\_\_\_ Demonstrated Proficiency:  
 \_\_\_\_\_ Safety Awareness  
 \_\_\_\_\_ Advancement Potential

Comments:

Inmate Initials \_\_\_\_\_

000136